



Iowa Department of Public Health

Bureau of Radiological Health

Lucas State Office Building
Des Moines, Iowa 50319-0075

Application for Radon Mitigation Credentialing

(refer to the Guide at the end of this application for guidance on completing this application)

Application Purpose (check one): <input type="checkbox"/> New <input type="checkbox"/> Employer Change <input type="checkbox"/> Update <input type="checkbox"/> Renewal			
Name of Individual Applicant:	*Social Security No.: Date of Birth: (mm/dd/yy):		
Individual Address (street, city, state, zip code):	Phone (w/area code): Cell Phone (optional): Email Address:		
Name of Company, Business, or Employer (If different from above):	Address of Company (street, city, state, zip code) (If different from individual address): Phone (w/area code):		
Owner(s) of Company (if different from above):	Email Address: Website address:		
Fee Schedule/Purpose of Application <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> New: <ul style="list-style-type: none"> • Credentialing Fee: (\$150) _____ • Application Fee: <ul style="list-style-type: none"> ➤ Iowa Resident (\$25) _____ ➤ Non-Resident (\$100) _____ Total Fee: _____ </td> <td style="width: 50%; vertical-align: top;"> Renewal: \$150, or \$40 per mitigation system installed costing more than \$200, whichever is greater. <ul style="list-style-type: none"> ➤ Minimum Renewal \$150 ➤ 40 X activated mitigation systems installed = Total Fee: _____ </td> </tr> </table>		New: <ul style="list-style-type: none"> • Credentialing Fee: (\$150) _____ • Application Fee: <ul style="list-style-type: none"> ➤ Iowa Resident (\$25) _____ ➤ Non-Resident (\$100) _____ Total Fee: _____	Renewal: \$150, or \$40 per mitigation system installed costing more than \$200, whichever is greater. <ul style="list-style-type: none"> ➤ Minimum Renewal \$150 ➤ 40 X activated mitigation systems installed = Total Fee: _____
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**Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees.*

Required:

If a "Yes" answer is provided and additional documentation is required, please attach all documents after this page.

If this is a renewal, record change or new employer application then only changes that have occurred since the previous application need to be reported (i.e.: new criminal charges, new medical condition, etc.).

Check One

- 1) Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? "Medical condition" means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. ☐ Yes ☐ No

If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

- 2) Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances? ☐ Yes ☐ No

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

- 3) Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer "yes", if the court expunged the matter or the court deferred judgment. ☐ Yes ☐ No

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

- 4) Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you? ☐ Yes ☐ No

If yes, include the date, location, reason, and resolution.

- 5) Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case? ☐ Yes ☐ No

If yes, include the date, location, reason, and resolution.

- 6) Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? ☐ Yes ☐ No

If yes, provide a description of the circumstances.

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

Signature of Applicant

Date

Signed and Dated Statements (required), Items 1-3 must be initialed:

- 1) I will keep all records for a minimum of 5 years after the radon mitigation installation is completed.
Initials _____
- 2) I will submit any changes in QA/QC procedures within 14 days to IDPH, and will acquire at least 8 hours of continuing education credits every two years before your credential is renewed (note: all credentials are renewed annually)
Initials _____
- 3) I will conduct business in accordance with all local building codes and ordinances within the protocols established by EPA, ASTM E2121, and NRPP guidelines and mitigation protocols. *Note: Be advised the Iowa Radon Program requires that all "shoulds" will be designated as "shalls" in any EPA and ASTM documents.*
Initial _____
- 4) I have enclosed a check or money order payable to the Iowa Department of Public Health.
- 5) I have enclosed the additional information required.
- 6) I hereby certify that all information in this application is true and complete.
- 7) I understand that all statements and representations made with the application are binding upon the applicant.

Printed Name of Applicant

Title/Position

Signature of Applicant

Date

IOWA DEPARTMENT OF PUBLIC HEALTH

BUREAU OF RADIOLOGICAL HEALTH

April 2016

**A Guide for the Preparation of Application
for Credentialing Individuals as Radon
Mitigation Specialists**

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1. Introduction

1.1 Purpose for Application

If an individual is applying for initial credentialing, change of employer, application update, or renewing their credential, he/she must indicate which credentialing is being sought by placing an X next to the purpose for the application. If initial credentialing is being sought he or she must also indicate a resident or nonresident by placing an X next to the appropriate box under Initial Credentialing.

- **New Credential:**
If applying for a new credential, please, fill out the entire application form and send in all the information below for review and approval. The individual must also submit a check in the amount of \$175 for an Iowa resident and \$250 for a nonresident. The resident application has a \$25 application fee attached, and a nonresident application has a \$100 application fee attached. No application submitted can be processed without submitting a fee, and all fees submitted are nonrefundable.
- **Change of Employer:** If you have changed employer, please, fill out the entire application form and send in a new QA/QC Plan, Worker Protection Plan, and Installation Manual for review and approval.
- **Application Update:** If sending in an application update, please, send in only the information to be updated and/or to be reviewed for approval, along with first page of the application form.
- **Application Renewal:** If sending in a renewal, please, send in a complete signed and dated renewal form and any changes to be made on the first page of the application form. The fee for renewal is assessed per the number of mitigations systems installed per a specific period, which is normally based on a 12 month period (except for the first year of the credentialing).

1.2 Purpose of Guide

The following document is established to help individuals in applying for “Radon Mitigation Specialist” under Chapter 44, “Minimum Requirements for Radon Mitigation.”

Under 641-44.3 (136B) General Provisions - A complete application must be filed. A person must individually qualify under a certain set of conditions in order for the application to be acceptable. An application must show positive proof the applicant meets all of the credentialing requirements. Please submit, **all of the following** supporting documents **with your completed application**:

2. Contents of an Application

2.1 Birthdate

44.3 (2) “a”-The applicant’s birth date must be indicated by filling in the spaces for the birth date on the front page of the application form. An individual must be at least 18 years of age to obtain credentialing.

2.2 Experience and Education

44.3 (2) “b”- The applicant must provide relevant information about his/her professional work experience and education if using a combination. A person’s work information must be contained in a descriptive resume along with as much supporting documentation as necessary (generally this takes 3-4 pages when using experience only).

To use work experience only submit:

- The applicant must provide proof in the form of a detailed resume that he/she has three years of hands-on full-time building construction or contractual experience by including detailed information concerning the job functions or work that was performed, and responsibilities that were performed while working in construction as a contractor, and/or in any other repair/construction, or maintenance projects that were performed. The application must also include the amount of time spent working with the employer performing construction and time spent on a particular project or building. To meet this three year experience requirement, a detailed resume must include the approximate amount of hours worked per week, month, or year for each employer and the dates of employment from month to year. The following work related areas in the sheltered industry can be used to show the appropriate type of work experience:
 - Three years of full-time experience must be provided
 - Heating & Cooling (HVAC)
 - installation
 - maintenance
 - Plumbing
 - installation
 - maintenance
 - Carpentry,
 - framing
 - finishing
 - installation
 - maintenance
 - Remodeling
 - installation
 - maintenance
 - Drywall Installation
 - Electrical
 - installation
 - maintenance
 - Roofing
 - installation
 - maintenance
 - Waterproofing
 - installation
 - Radon mitigation
 - installation
 - Concrete-basement pours, slab on grade, driveway-side walk building construction related
 - installation
 - Brick laying
 - installation
 - Maintenance
 - building construction related
 - Trenching
 - building construction related

Remember: To use experience only the amount of hours worked per week, month, or year; and dates of employment from month to year must be clearly indicated.

To use education and work experience submit:

- A combination of professional work experience and post-secondary education may be used to fulfill this requirement on a year-for-year basis, although, a transcript and a detailed resume must be submitted. If the applicant wishes to substitute post-secondary education information for two of the three years of professional work experience, a college transcript with a curriculum in architecture, engineering, building construction, or the physical sciences must be included and submitted with the resume. A resume under the education and construction background must also include a detailed resume and how hands-on construction was performed under a particular employer and the amount of time spent in a particular building construction trade by including the approximate amount of hours worked per week, month, or year for each employer and the dates of employment from month to year must be clearly indicated. The following work related areas in the sheltered industry can be used to show the appropriate type of work experience:
 - One year of full-time experience must be provided
 - Heating & Cooling (HVAC)
 - installation
 - maintenance
 - Plumbing
 - installation
 - maintenance
 - Carpentry,
 - framing
 - finishing
 - installation
 - maintenance
 - Remodeling
 - installation
 - maintenance
 - Drywall Installation
 - Electrical
 - installation
 - maintenance
 - Roofing
 - installation
 - maintenance
 - Waterproofing
 - installation
 - Radon mitigation
 - installation
 - Concrete-basement pours, slab on grade, driveway-side walk building construction related
 - installation
 - Brick laying
 - installation
 - Maintenance
 - building construction related
 - Trenching
 - building construction related

2.3 Courses and Examination

44.3 (2) “c” - The applicant must submit documented evidence that he/she has successfully completed a radon measurement and a radon mitigation course approved by the department, and

passed the National Radon Proficiency Program (NRPP) or National Radon Safety Board initial/residential mitigation examination with a score of at least 70 percent.

2.4 Worker Protection Plan

44.3 (3) “a”- Applicants must design a, mitigation worker protection plan which addresses or includes at minimum the following:

- 1) Radiation exposure to workers must be kept as low as is reasonably achievable (ALARA). This can be accomplished by individuals wearing respiratory protection; or by diluting indoor air with outdoor air by either passive or active ventilation of the working area. Active ventilation provides a constant reduction of the indoor radon concentration and is considered to be the most appropriate method of reducing the high radon concentrations in the work area.
- 2) Radon levels should be monitored by performing radon concentration measurements of the working area, before and during mitigation. This can be accomplished with the use of a continuous radon monitor or the workers wearing alpha-track detectors while performing mitigation, etc. A log for the amount of time spent and the location and date in a particular radon concentration must be recorded for each individual. Alpha-track detectors must, at minimum, be sent in for analysis once each quarter to semi-annually, and a report for each individual’s exposure must be kept on a quarterly to semi-annual basis.
- 3) Procedures to establish wearing properly fitted respirators should be documented. Pre-mitigation radon measurements which indicate a potential radon decay product level above one working level should be recorded and the individuals working in the area should be instructed to wear a fitted respirator. If an individual cannot wear a fitted respirator and a radon concentration measurement indicates levels above 100 pCi/L are possible, that individual should not be allowed to work in the mitigation area.

2.5 Quality Assurance Plan

44.3 (3) “b”- Applicants must submit a quality assurance plan for performing mitigation installations that addresses and includes all of the following:

- 1) All diagnostic tests performed on a building before mitigation must be spelled out to include what type of test (s) will be performed and what the purpose is for performing the test (s). Types of tests performed may include indoor ambient radon measurements, radon entry point measurements, sub- slab communication measurements, blower door tests, etc. Diagnostic test performed must include the name (s) of the individual(s) performing the tests. Each test should be described in detail along with the manufacturer’s name and model number for any equipment used. If the equipment used in performing diagnostic test(s) has a required calibration frequency issued by the manufacturer, the calibration frequency for the equipment must be documented in the application.
- 2) A complete description of the most commonly used mitigation materials and mitigation strategies offered must be documented in the application. The mitigation materials used must include manufacturer(s), name(s), and model number (s) for each strategy offered. If an uncommon mitigation strategy is occasionally performed, a detailed description of this strategy and the materials used must also be documented in the application.

3) If any other related services such as pre-mitigation and post-mitigation radon measurements, soil radon measurements, water radon measurements, or other types of mitigation and measurement services are offered within your place of business or occupation, a list of those services must be fully documented in the application.

3.0 RMS/AARST Installation Requirements

3.1 Installation Manual

Include an example of an installation manual that you would give to a homeowner for installing an activated sub-slab or sub membrane depressurization system. According to 18.5 of the RMS, the manual must fully explain how the system operates, where all the components are located, all warranty information, and what steps an owner must take to maintain or ensure the system is operating. Please provide an example of an installation manual as if it was completed or being given to a homeowner:

- a. Any building permits required by local code.
- b. Copies of the Building Investigation Summary and Floor Plan Sketch.
- c. Pre and post mitigation radon data.
- d. Copies of contracts and warranties.
- e. A description of the mitigation system installed and its basic operating principles.
- f. A description of any deviations from RMS and or State requirements.
- g. A description of proper operating procedures of any mechanical or electrical systems installed, including manufacturer's operation and maintenance instructions and warranties.
- h. A list of actions for clients to take if the system failure warning device indicates system failure or degradation.
- i. The name, telephone, and IA Radon licensing number of the contractor, and phone number of the state radon office.

3.2 Division of Labor Registration

Please include a copy of the registration certificate that shows your business or company is registered with the Iowa Division of Labor within Iowa Workforce Development to perform construction work in Iowa as a contractor.